

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-670)						REGISTRATION NUMBER APPLICANT	FILING DATE 3/15/00					
						CLAIMS						
CLAIM NUMBER	AS FILED		AFTER SEARCH/SEARCHED		AFTER EXAMINING/EXAMINED		CLAIM NUMBER	REG. NO.	O.C.P.	CLAIM NUMBER	REG. NO.	O.C.P.
	REG. NO.	O.C.P.	REG. NO.	O.C.P.	REG. NO.	O.C.P.						
1	1						61					
2		1					62					
3		1					63					
4		1					64					
5		1					65					
6		1					66					
7		1					67					
8		1					68					
9		1					69					
10		1					70					
11		1					71					
12		1					72					
13		1					73					
14		1					74					
15		1					75					
16		1					76					
17		1					77					
18		1					78					
19		1					79					
20		1					80					
21		1					81					
22		1					82					
23		1					83					
24		1					84					
25		1					85					
26		1					86					
27		1					87					
28		1					88					
29		1					89					
30		1					90					
31		1					91					
32		1					92					
33		1					93					
34		1					94					
35		1					95					
36		1					96					
37		1					97					
38		1					98					
39		1					99					
40		1					100					
41		1										
42		1										
43		1										
44		1										
45		1										
46		1										
47		1										
48		1										
49		1										
50		1										
TOTAL REG. O.C.P.	2						TOTAL REG. O.C.P.	1				
TOTAL REG. O.C.P.	18						TOTAL REG. O.C.P.	1				
TOTAL REG. O.C.P.	21						TOTAL REG. O.C.P.	21				